

Lovedean Homecare Limited

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Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Lovedean Homecare Limited is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It offers a service to older and younger adults, including people living with dementia, physical disabilities and sensory impairments. Not everyone who used the service received personal care. CQC only inspects where people receive personal care, which is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of our inspection 40 people were receiving personal care from the service.

People's experience of using this service and what we found

The service was extremely responsive to people's needs which were complex and tended to change. We were repeatedly told on numerous occasions about instances where the service had gone above and beyond of what was expected of them.

People and their relatives were delighted with the kindness and thoughtfulness of staff, which exceeded their expectations of how people would be cared for and supported. People explained how staff went the extra mile for them and assured us they couldn't ask for anything more. People told us the support they received significantly improved their well-being.

People were promised they would never be cared for by a stranger and new staff were always introduced prior to supporting people by familiar staff or the registered manager. All staff employed were local which helped them to build strong and trusting relationship with people. People told us and their relatives confirmed that people felt valued by staff who respected their privacy and dignity and these principles were central to the service ethos. Staff were sensitive to people's lifestyle choices in their own homes.

The service was extremely responsive to people's needs and wishes even if the support people needed proved to exceed the contracted hours. People told us that staff went over and above the call of duty. People also said this made a profound difference to their lives.

People received safe care from staff who had been trained to protect people and identify signs of abuse. Risk assessments were implemented and reflected the current level of risk to people. Staff understood their responsibilities to report any concerns and followed the provider's policies in relation to safeguarding and whistleblowing.

There were enough staff to keep people safe and appropriate arrangements were in place for emergency staff cover. Recruitment processes were designed to ensure only suitable staff were selected to work with people.

Staff managed medicines consistently and safely. People and their relatives told us that people received their medicines at the times they needed them and they were happy with the support they received.

There was a strong framework of accountability and people were consistently involved in developing and evaluating the service they received. Staff performance was monitored through regular spot checks and observed supervisions. People were regularly asked for their feedback. Action was taken in response to people's feedback and when staff performance required improvement.

People were supported to have maximum choice and control of their lives and staff provided them with care in the least restrictive way possible. The policies and systems in the service promoted this practice.

Care plans were personalised and centred on people's preferences, views and experiences as well as their care and support needs. People's history, family relationships and religious and cultural needs were taken into account.

The provider conducted regular quality checks and identified actions to enhance the service. The registered manager was devoted to providing people with such care so that they were able to live as independently as possible in their own homes. The manager involved staff in promoting an open and positive culture. Staff knew how to put the aims and values of the service into practice so people received personalised care. Staff, people and their relatives spoke positively about the registered manager.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 12 March 2019 and this is the first inspection. The last rating for the service under the previous provider was good, published on 1 June 2016.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Lovedean Homecare Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service a 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We reviewed a range of records. These included care records for 4 people and multiple medication records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures, were also reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with 6 people and 6 people's relatives to obtain their feedback on quality of care provided by Lovedean Homecare Limited. We contacted 8 members of staff.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they felt safe in the care of staff. One person told us, "I can't speak highly enough of them, they are very cheerful and wear all PPE at all times and I am very comfortable about that." Another person's relative told us, "Mum is safe, and she is treated with dignity and care. They always ring us and say if something is slightly wrong."
- Staff had received training in safeguarding procedures and were aware of how to report any concerns relating to people's welfare, including how to contact the local authority or CQC, should this ever be necessary.
- The provider had a safeguarding policy in place, and we saw examples of when safeguarding concerns had been identified, they were dealt with in an appropriate way.

Assessing risk, safety monitoring and management

- People had individual risk assessments in place with guidance for staff to follow. These included risks related to environment, health conditions, mobility, equipment used and pets. Care plans detailed people's individual risks and each care plan had a different approach that was appropriate for the person.
- Training records confirmed staff had received moving and handling, and health and safety training to ensure they had the knowledge and skills to support people safely.
- The service had a contingency plan in place to ensure people continued to be supported in the pandemic or in adverse weather conditions.

Staffing and recruitment

- People and relatives told us that they were very happy with the staff and they had never had any problems with missed visits or timekeeping. One person told us, "They provide a timetable in a large script for me every week."
- Staff told us they were always given enough time to carry out the care and support required and they had enough time to travel between visits.
- The registered manager completed full recruitment checks prior to commencing employment of new staff. These checks included a Disclosure and Barring Service (DBS) check, these provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Staff understood how to administer medicines safely. There was a medicines policy in place, staff received regular training in managing medicines and had yearly assessments of their competency.

- People's medicines were safely managed and given as prescribed. People were supported to take their medicines as needed.
- Medication administration records (MAR) demonstrated people's medicines were being managed safely.

Preventing and controlling infection

- The provider had implemented a range of measures to help prevent the risk of infection. Care staff received hand-washing training and were provided with disposable aprons and gloves for use when providing personal care.
- People told us staff always wore gloves and aprons when required.

Learning lessons when things go wrong

- Accidents or incidents were analysed for lessons learned. Systems had been reviewed and changes made to minimise the risk of reoccurrence of incidents. Staff were involved in reflective practices to support learning and continuously enhance care quality. Where necessary additional training was provided to staff to improve their performance.
- Staff understood the importance of reporting any safety incidents, concerns and near misses. There were clear processes in place for this which staff were familiar with.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager thoroughly assessed people's needs before they started receiving the service. The registered manager told us this was very important to be certain that staff could provide the care and support needed.
- The needs assessment process gathered information relating to healthcare, personal care, medicines, diet, communication. People's preferences and wishes in respect of their care were identified. People's background, interests, cultural and religious beliefs and likes and dislikes were also explored and documented.
- The provider, management and staff worked alongside leading external professionals to ensure they kept up to date with best practice and recent research.

Staff support: induction, training, skills and experience

- New staff completed an induction at the start of their employment and shadowed experienced staff until they were competent and confident enough to work unsupervised. The induction was based on the Care Certificate which is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social sectors.
- Staff told us they felt well supported by the manager and other senior staff. A member of staff told us, "Having been working for previous care companies, I can honestly say hand on heart, this is the best care company I have worked for. The communication is amazing and I feel so supported. I know that if I had any issues with anything, they would sort it out."

Supporting people to eat and drink enough to maintain a balanced diet

- Where people required support with their nutrition and hydration, this was provided to the satisfaction of people and their relatives.
- Care files contained information relating to people's dietary needs, the risks associated with them and the support they needed. If any medicines may have any adverse reactions with particular food or drink, this was highlighted in people's care plans.
- The service recorded people's dietary needs in their care plan to ensure people received the right kind of diet in line with their preferences and needs.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service worked collaboratively with a range of professionals to ensure effective healthcare. One person's relative told us, "They keep us informed and consult us about any potential changes. They also

work alongside the provider and the clinical commissioning group (CCG). They involve all parties."

- Information that had been provided by healthcare professionals was incorporated into people's care plans. Staff followed advice given by other healthcare professionals and sought further advice when needed.
- Care records included details of GPs and other relevant health professionals involved in people's care. They also included details of people's medical history and how staff were supposed to support people to manage their health.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Staff understood the importance of asking for people's consent before offering care and offering people choices. A member of staff told us, "This applies to all persons over the age of 16. It's in place to empower and protect people who lack the mental capacity to make their own decisions regarding treatment and care."
- People and relatives told us their choices were respected.
- People's care files also had signed consent to care and treatment forms confirming agreement with their care and support plans.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives couldn't speak highly enough about the consistently kind and compassionate care provided. One person told us, "They go over and above, I am contacted, and they stay with him it is the best care he has ever had." Another person told us, "They are normally very respectful, attentive to my needs. I have been going through a difficult patch and they have been a great support to me at the moment as my husband is ill."
- People and their relatives provided us with feedback about the caring attitude of staff. One person told us, "They always offer to get my lunch or something and if there is a little time left over, they will stay and have a cup of tea and a chat. They are lovely people." Another person's relative told us, "My sister had a 70th birthday party and we invited all her care team they all came and it gave us, as a family, an opportunity to say 'Thank you'. She considers them all to be her friends." Another person's relative told us, "They came out and introduced themselves to him, they are consistent for him, they are local to where he lives. They actually visit him if he has to go to hospital."
- Staff took genuine interest in people's life stories and their hobbies. A member of staff told us, "I looked after a lady who had dementia and was very vulnerable. When I read her care plan and it stated what she likes and enjoys, and as she enjoyed music, I made a playlist for her of all her favourite singers and songs so every morning when we had done her personal care I would play our playlist and sing along with her. We also stayed extra time with her so she could play her piano, we would also have a cup of tea and biscuits with her. I feel like every staff member learns just by staying the extra time and hearing about our clients' stories and their interest."
- We were provided with multiple examples how staff went the extra mile to provide support to people and their relatives. For example, a person had a fall in their bathroom and contacted a person on call for assistance. A member of staff arrived to help and managed to get the door open just enough to squeeze through. The member of staff sat on the bathroom floor with the person comforting them and playing some TV shows on a phone for the person to keep them calm and occupied whilst waiting for the paramedics. Another member of staff prepared hot water bottles, got blankets and pillows as the person was cold. Staff assisted paramedics to enter via the bathroom window and supported the family who arrived spending three hours on the bathroom floor with the person. Staff provided the person in distress outside the visiting hours.
- A person raised with a member of staff a safeguarding concern over finances, as the person was worried and did not know what to do. The member of staff assisted the person in making a complaint to the police and the service reported the issue to the local safeguarding team. The member of staff made sure that the person felt safe and helped them to explain the situation and supported the person throughout the process.
- Staff considered the small things that mattered to people. For example, one person used to love a bacon

and egg bap, so staff would stop at the local shop and get one in the mornings for the person and a coffee for their wife. In another example the service accommodated extra late visits so that a person could attend family functions, going to theatre for Christmas pantomimes. Another member of staff was always assisting people with sewing on buttons, fixing people's favourite clothes, taking up skirts, trousers PJ's, and making twiddle muffs for any person living with dementia that enjoyed to twiddle.

- People's pets were also looked after by staff. When people were unwell, staff helped them with pets. If staff finished their tasks earlier, they walked people's dogs. During a heatwave staff filled dog pools with water and cooled a patio with water so the dogs would not burn their feet, sitting in a garden with the person.
- Staff really got to know people well and people benefitted greatly from this. All staff working at the service were local, knew people well and were able to meet their needs. For example, a member of staff worked on their weekend off to assist the family to take a person to a family wedding. In another example a person enjoyed a specific type of chocolate bar. A member of staff made sure to stop off at the shop to get the chocolate bar for the person. One person told us, "I think they are good because they remain local. Local people working in the local area. One lady used to walk to me."
- People received birthday cards from the service and on special birthdays they also received a small token gift. Staff gave Christmas gifts to all people, and their spouses. Last Christmas people received stockings with items they would have received when they were young, and each had a personalised scroll with what was in the paper on the day they were born. This year the service was preparing hamper baskets with a variety of people's favourite things, sweets, chocolates, biscuits, shower gels, soaps, flannels, scrunchies, drink cups/bottles wheat bags & blankets to keep people warm in the winter.

Supporting people to express their views and be involved in making decisions about their care

- Staff went to great efforts to provide people with information and help them to feel comfortable to express their views.
- People were supported to make decisions; staff routinely offered people choices of what to do, how to spend their time and what to eat and drink.
- Care records showed that people and, where appropriate, their relatives were consulted when care plans were written.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us that staff also supported them to maintain their independence for as long as possible. For example, one person's relative commented, "They are magic, they treat my husband with dignity, they are always very professional and their communication is good."
- People were treated with respect and their dignity was preserved at all times. Staff told us they would ensure doors and curtains were closed when carrying out personal care. A member of staff told us, "When I enter a person's home, I will ask the family and friends to leave the individual's bedroom or front room so I can start to do their personal care. I would shut the door, close the curtains. I would ask the client what they would like me to do, make sure when I'm undressing or helping them to dress that I will cover the over end of them with a towel so they feel comfortable."
- People's personal records were kept secure and confidential. Staff understood the need to respect people's privacy in accordance with their human rights, including information held about them.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and relatives told us staff were knowledgeable about their individual needs and looked after them very well. One person told us, "They provide really excellent care, I have been having care for 29 years in different parts of the country. I would definitely say out of all the care agencies this is the best agency ever."
- People received personalised care from staff which met people's individual needs. For example, one person was experiencing anxiety and their stress levels were building up in unfamiliar places. However, the person asked to participate in their relative's birthday. A member of staff took the person for a drive along the route to their relative so the person would get accustomed to it before attending the relative's birthday at the house. The person told us, "I was going through a rough patch and Tracy, the manager, came out to see me. I had not been able to go out for some time. They provided me with a member of staff with a car to take me out. [Registered manager] checked to ensure insurance was in place and also did a health and safety check. It transformed my personal health."
- The service was extremely responsive to people's needs and acted pro-actively to enhance their life and make them safe. For example, a member of staff visited a person to find they had left the gas on. The property was a serious risk of explosion. The member of staff got the person in their car, opened all the windows to air the property, brought the person to the office and made them a cup of tea and offered breakfast. The member of staff assisted the person with their medicines, put the TV on for him to sit and relax until it was safe to go back home. The member of staff organised a fire brigade assessment and made up laminated signs to put them on the bedroom door to remind the person to check the gas before going to bed.
- The service provided personalised care in order to assist people with their specific health needs. For example, a member of staff worked intensively with a person to improve the person's mental health. There was evidence of the member of staff taking the person to the top of a hill for lunch and a cup of tea and working extra hours at the weekend to assist with spec savers appointment. In another example a person lived with agoraphobia, so they did not like leaving their property. The provider set tasks for the person to do at each visit and work with the person and encourage them to achieve set tasks each week. The person gradually started to walk outside of their flat in the main building, then moving to just outside in the car park and have now reached a point where they are going with staff in the car. This showed how the person had achieved amazing progress with a help from the service provider.
- People received person-centred care. Staff demonstrated their in-depth knowledge of people's histories, their likes and dislikes and how they wished to be supported. This knowledge was used to support people in a way they felt valued as unique individuals and respected for who they were. For example, the life history of person living with dementia informed staff that that person enjoyed music. A member of staff told us, "When I read her care plan and it stated what she likes and enjoys, and as she enjoyed music, I made a playlist for

her, of all her favourite singers and songs, so every morning when we'd done her personal care I would play our playlist and sing along with her. We also stayed extra time with her so she could play her piano, we would also have a cuppa tea and biscuits with her. I feel like every staff member learns a lot just by staying the extra time and hearing about our clients stories and their interests."

- The service was extremely responsive and accommodating to the needs of people and their relatives. For example, one person lived with their family who wished to go on a holiday to get some rest and relaxation. They provided the service with dates on which they would need extra cover and the service provided day and night care. On one occasion they had a pizza and a movie night at the person's request and staff organised this in their own time.
- The service provided extra emergency calls for all people as and when needed. For example, additional calls for extra personal care visits, catheter leaks or if people felt unwell. Although not all extra calls were paid for to the service provider, all staff were paid for their time by the provider if they were asked to do emergency visits. We saw evidence that one person recently had trouble with their catheter leaving them wet and uncomfortable, so the service put in extra calls to help the person. One person's relative told us, "There is an emergency number at Lovedean which is helpful open until quite late and always answered and things are followed through. Full marks to Lovedean."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff understood the AIS. People's communication needs were identified, recorded and highlighted in care plans. This information was shared appropriately with those whom it concerned which ensured people's information needs were met.
- Staff were knowledgeable about people's communication support needs and people were given information in accessible ways.

Improving care quality in response to complaints or concerns

- A copy of the complaint's procedure was provided to people and people were extremely confident that if they had any concerns, these would be acted upon.
- People's complaints were comprehensively investigated. Records showed complaints were taken seriously, and used to help improve the service where possible, with appropriate actions and records in place.
- Staff were aware of the provider's complaints procedure and knew what to do if anyone raised a concern.

End of life care and support

- A member of staff supported a person at the end of life and their relative. The member of staff made sure the right people had been contacted to get the medication that was desperately needed. The member of staff had an amazing rapport with the person and her son. They used to sing together daily as this had a calming effect on the person. Due to their condition, the person displayed behaviour that might challenge, but with gentle persuasion and Johnny Cash playing in the background the person used to sing with staff who attended. The person's relative wrote, "I would like to thank [staff] for the way in which she made [person] smile and in the last weeks of [person's] life without [staff's] perception and intuition of [person's] condition we would not have had the end of life care for [person] that was missed by so many other highly trained (professionals). Without that perception from [staff] [person] would have suffered an awful passing, [staff] can be proud that not only did she bring so much happiness to [person], but she made her passing

one of peace and tranquillity. I will be always in your debt for that, thank you [staff]."

- Currently, no one was being supported with end of life care and palliative care needs. The service discussed end of life wishes with people where appropriate.
- The registered manager told us they would respond to any wishes or advance wishes they were made aware of should they support anyone with end of life care. They also said as needed contact would be made with other appropriate services.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and their relatives told us that the service was well-led. One person told us, "When you contact the office, they are all really helpful and they always pass on any messages to the care staff. They will help you with anything." Another person's relative told us, "Communication is excellent. When he came out of hospital they went and borrowed a hoist from a local hospice until ours arrived."
- Staff told us the service was managed well and the registered manager made themselves available to provide support if needed. A member of staff told us, "I feel very supported by my manager. If I have a query or concern regarding clients or other staff members, I am happy to go to her for support and guidance." Another member of staff told us, "I would just like to add that I have worked for Lovedean Homecare for 4 years this month and I couldn't be happier. After 30 years in Health and Social care this happens to be the best company. [Registered manager] and [senior staff] are always available to talk to you personally or professionally, whether it's face to face or over the phone. Fabulous atmosphere in the office, amazing place."
- The service planned and promoted person-centred, high-quality care and good outcomes for people. Compliments received showed this was evident and appreciated by people and their relatives.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and the registered manager encouraged an open and honest culture at the service. The registered manager understood their responsibilities in relation to the Duty of Candour. If any incidents or accidents occurred, they ensured that all relevant people were informed about them, and every opportunity was used to support organisational learning.
- The provider had a policy that clearly identified the actions staff should take in situations where the duty of candour would apply.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service completed a range of quality audits to ensure they provided the best outcomes for people supported. Where shortfalls were identified, these were addressed and discussed with staff during supervision or during staff meetings.
- Our records told us that appropriate notifications were made to the Care Quality Commission in a timely way.

- Staff understood their roles and responsibilities.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives told us they were asked for their views on the service. The registered manager was running an open office, and anyone was welcome to provide feedback or to raise a complaint. Feedback was also obtained through regular surveys.
- Staff meetings were held regularly where staff could discuss matters affecting people using the service, use of PPE and out of hours support. Staff were encouraged to comment and share ideas about how practice and care might be improved. This demonstrated a focus on ensuring effective communication with staff in all roles.
- The registered manager said she had an 'open door' policy and said staff knew she would be available to listen to any concerns of staff and to provide solutions to address these.

Continuous learning and improving care; Working in partnership with others

- The management team worked with healthcare services and local authority commissioners. This enabled people to access the right support when they needed it and we saw working collaboratively had provided staff with up to date professional guidance.
- Staff recorded accidents and incidents, which were reviewed by the provider. This ensured the registered manager and the provider fulfilled their responsibility and accountability to identify trends and took required action to keep people and staff safe by reducing the risk of repeated incidents.
- The registered manager effectively assessed and monitored service audits to ensure identified improvements to people's care were implemented.